

MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

02932

Reg. Dist. No. 251

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <u>Anne Arundel</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Anne Arundel</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>near Sudlersville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Sudlersville R.F.D.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Frank</u>	(Middle)	(Last) <u>Biddle</u>
4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	7. DATE OF BIRTH <u>Sept 11-1892</u>
8. AGE last birthday <u>58</u> yrs.	9. DATE OF DEATH <u>March 15-1951</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. SOCIAL SECURITY NO. <u>✓</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Samuel Biddle</u>	14. MOTHER'S MAIDEN NAME <u>May Lewis</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. INFORMANT AND ADDRESS <u>Mrs. Mary Biddle (wife)</u>

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976x Immediate cause (a) Suicide -

164c Antecedent cause(s)  
Diseases or conditions, if any, (b) giving rise to the above cause  
stating the underlying cause last

Shot himself with shot gun.

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN  
ONSET AND DEATH

20. AUTOPSY?

Yes  No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year)	INJURY OCCURRED OF INJURY m.   While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection  Inquiry  thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide  homicide , undetermined .

SIGNATURE W. Henry Fisher M.D. (Degree or title) ADDRESS Sudlersville Md. DATE SIGNED 3/17/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>3-17-51</u>	NAME OF CEMETERY OR CREMATORIAL <u>Crumpton</u>	LOCATION (City, town, or county) <u>Crumpton, Md.</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>3-17-51</u>	REGISTRA'S SIGNATURE <u>Edgar L. Lane</u>	24. FUNERAL DIRECTOR ADDRESS <u>Edgar L. Lane Church Hill, Md.</u>
--	--	--



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02934

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH COUNTY <b>QUEEN ANNES</b>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>MARYLAND</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>(RURAL) GRASONVILLE</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>(RURAL) GRASONVILLE</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <b>(KENT NARROWS)</b>	

3. NAME OF DECEASED (Type or Print) <b>Thomas Samuel Bonneville</b>		4. DATE OF DEATH <b>MAR. 30 1951</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <b>Feb. 28-1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OYSTER HUCKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OYSTERS</b>	9. AGE last birthday <b>64 yrs.</b>

13. FATHER'S NAME <b>Thomas Bonneville</b>	14. MOTHER'S MAIDEN NAME <b>Henrietta Justice</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>217-09-2191</b>	17. INFORMANT AND ADDRESS <b>Hubbard Bonneville, Baltimore, Md.</b>
18. MEDICAL CERTIFICATION		

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause <b>420.1</b>	(a) <b>CORONARY Occlusion</b>	INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <b>97a</b>	(b) <b></b>	<b></b>
(c) <b></b>		

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? Not While

22. I hereby certify that I attended the deceased from <b>DOA</b> , 19....., to....., 19....., that I last saw the deceased alive on <b>DOA</b> , 19....., and that death occurred at <b>10:55 P.M.</b> , from the causes and on the date stated above.		
SIGNATURE <b>John T. Gibson, M.D.</b>	(Degree or title) <b>ADDRESS</b>	DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <b>Mar. 4th-5-1951</b>	NAME OF CEMETERY OR CREMATORIUM <b>Richards Cemetery, Easton, Md.</b>	LOCATION (City, town, or county) <b>ADDRESS</b>	(State)
DATE REC'D BY LOCAL REG. <b>Apr. 5-1951</b>	REGISTRAR'S SIGNATURE <b>Nelie M. Aldridge</b>	24. FUNERAL DIRECTOR ADDRESS <b>John T. Williams, Easton, Md.</b>		

RECEIVED  
APR 12 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02933

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE	
<i>Beersheba Co</i> MARYLAND		<i>Still Pond and Kent</i> COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
<i>Wilmington</i>		<i>Still Pond and</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		(If rural, give location)	
<i>Nursing Home</i>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
<i>Mary S</i>		<i>Mar 5</i>	
5. SEX		6. COLOR OR RACE	
<i>Female</i>		<i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
<i>MARRIED</i>		<i>Mar 15 1881</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<i>House wife</i>		<i>home</i>	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
<i>William Miller</i>		<i>Chesapeake and</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<i>No</i>		<i>-</i>	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
<i>William Bonwill</i>		<i>Cancer of Bladder</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
OF INJURY		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 22</i> 1951, to <i>Mar 5</i> 1951, that I last saw the deceased alive on <i>Mar 4</i> , 1951, and that death occurred at <i>6:30 P</i> m., from the causes and on the date stated above.			
SIGNATURE <i>H. H. Hamilton</i>		(Degree or title) <i>MD</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE TIME OF REEF <i>3/9/51</i>	
DATE REC'D BY LOCAL REG. <i>3-6-51</i>		NAME OF CEMETERY OR CREMATORIUM <i>Still Pond</i>	
REG. <i>3-6-51</i>		LOCATION (City, town, or county) (State) <i>Still Pond and</i>	
REG. <i>3-6-51</i>		REGISTRAR'S SIGNATURE <i>Edward L. Lane</i>	
REG. <i>3-6-51</i>		24. FUNERAL DIRECTOR <i>R. T. Edwards</i>	
REG. <i>3-6-51</i>		ADDRESS <i>Still Pond, Md.</i>	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02935

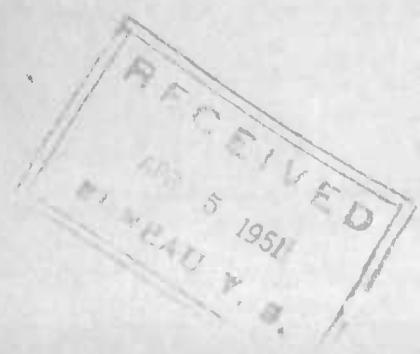
Reg. Dist. No. 254

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <u>Queen Anne</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Grasonville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Grasonville</u>	
LENGTH OF STAY (in this place) <u>15 yrs.</u>		STREET ADDRESS <u>(If rural, give location)</u>	
3. NAME OF DECEASED (Type or Print) <u>Sadie</u>	(First) <u>S</u>	(Middle) <u>M.</u>	(Last) <u>Champlin</u>
4. DATE OF DEATH <u>Mar. 27, 1951</u>	(Month) <u>Mar.</u>	(Day) <u>27</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Mar. 18, 1867</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE last birthday <u>84</u> yrs.
13. FATHER'S NAME <u>Samuel Walters</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
16. SOCIAL SECURITY NO. <u>None</u>		14. MOTHER'S MAIDEN NAME <u>Mary C. Sullivan</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Jessie Ireland-Grasonville</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <u>331X</u>			
(a) <u>Cerebral hemorrhage</u>			
Antecedent cause(s) <u>83a</u>			
(b) <u>Diabetes mellitus</u>			
(c) <u>—</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		(STATE) <u>Maryland</u>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While Work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar. 27, 1951</u> , to <u>Mar. 27, 1951</u> , that I last saw the deceased alive on <u>Mar. 26, 1951</u> , and that death occurred at <u>9:10 A.M.</u> , from the causes and on the date stated above. SIGNATURE <u>John F. Gibson, M.D.</u> (Degree or title) <u>ADDRESS</u> <u>Grasonville, Maryland</u> DATE SIGNED <u>—</u>			
23. BURIAL/CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>3/30/51</u> NAME OF CEMETERY OR CREMATORIUM <u>Chesterfield</u> LOCATION (City, town, or county) <u>Centreville, Maryland</u> (State)	
DATE REC'D BY LOCAL REG. <u>3/29/51</u>		REGISTRAR'S SIGNATURE <u>H. M. Aldridge</u> 24. FUNERAL DIRECTOR ADDRESS <u>Barton and Brothers, Centreville, Maryland</u>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02936  
Reg. Dist. No. 253

## CERTIFICATE OF DEATH

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED. CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		STREET ADDRESS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) ELLEN	(Last) CHANCE
4. SEX Female	5. COLOR OR RACE White	6. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	7. DATE OF BIRTH August 19-1878
8. AGE last birthday 77 yrs.	9. DATE OF DEATH March 14 1951	If under 1 year Months	If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Baltimore Co. Maryland		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Rudolf Haak		14. MOTHER'S MAIDEN NAME Sarah Jane Boggs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Hannah Chance Chester, Maryland		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) cerebral hemorrhage (Stroke) March 13 1951 422.1 Antecedent cause(s) (b) cerebral accident (hemorrhage) Oct. 19 49. Diseases or conditions, if any, giving rise to the above cause (c) lobar hemorrhage March 19 50. stating the underlying cause last (c) Arteriosclerosis myocardial degeneration April 10 51. 108			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic nephro-sclerosis + uremia Several years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 16, 1951, to March 14 1951, that I last saw the deceased alive on March 14 1951, and that death occurred at 10 30 P.m., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED Theodor Sattelmaier M.D. Stevensville March 15 1951.			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF March 17-1951	
NAME OF CEMETERY OR CREMATORIUM Stevensville		LOCATION (City, town, or county) Stevensville Maryland	
DATE REC'D. BY LOCAL REG. REC'D. BY LOCAL March 17, 1951		24. FUNERAL DIRECTOR ADDRESS Elizabeth Hopter Burton Bros Centreville Maryland	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY Queene Anne MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Queene Anne		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Church Hill			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill STREET ADDRESS (If rural, give location)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS					
3. NAME OF DECEASED (Type or Print)		(First) Margaret	(Middle) Anne	(Last) Clark	4. DATE OF DEATH March 2 1951
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH about 1865	9. AGE last birthday about 85 yrs	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house-wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME John Goldsboro			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT AND ADDRESS John Clark--Church Hill, Md.			18. MEDICAL CERTIFICATION <i>Mental Health Lesia Central Mem. Hosp</i>		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH <i>3 mo 3 days</i>		
Immediate cause 410X 926			(a) <i>Mental Health Lesia</i>		
Antecedent cause(s) Disease or conditions, if any, (b) giving rise to the above cause stating the underlying cause last			(b) <i>Central Mem. Hosp</i>		
(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>Kell</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? ADDRESS	
22. I hereby certify that I attended the deceased from <i>Feb. 1951</i> to <i>March 5, 1951</i> , that I last saw the deceased alive on <i>Feb. 1951</i> , and that death occurred at <i>7 p.m.</i> from the causes and on the date stated above. SIGNATURE <i>Edgar L. Lane</i> DATE SIGNED <i>March 5, 1951</i>					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF March 5		NAME OF CEMETERY OR CREMATORIAL Rich Neck	
DATE REC'D BY LOCAL REG. 3-4-51		REGISTRAR'S SIGNATURE <i>Edgar L. Lane</i>		LOCATION (City, town, or county) (State) Near Church Hill, Md. 1951	
24. FUNERAL DIRECTOR				ADDRESS <i>Edgar L. Lane Church Hill, Md.</i>	

RECEIVED  
APR 20 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

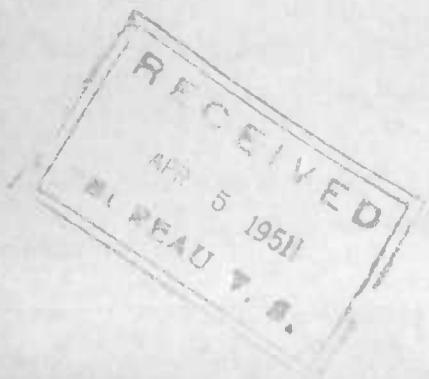
2411 N. Charles Street, Baltimore

102937

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Queen Anne's MARYLAND		Maryland COUNTY Queen Anne's	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Queenstown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS None	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
ALICE		(First) (Middle) (Last) March 25 1951	
PINDER		Councillor	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH
F	W	AUG. 7, 1880	9. AGE last birthday 70 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
Housewife		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY? USA	
JAMES E. PINDER		MARYLAND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
None		17. INFORMANT AND ADDRESS	
18. MEDICAL CERTIFICATION		Carrie Biscoe, Queenstown, Md.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
272X Immediate cause (a) CEREBRAL HEMORRHAGE			
83a Antecedent cause(s) (b) DIABETES INSIPIDUS			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour)		OF INJURY m.	
22. I hereby certify that I attended the deceased from MAR. 22, 1951., to Mar. 25, 1951., that I last saw the deceased alive on Mar. 25, 1951., and that death occurred at 2:30 P.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED John T. Gibson, M.D. Grasonville Maryland 3-25-51			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) March 28-51 Cheltenfield Cecilton Md (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Mar. 28-51 Helen M. Aldridge Baileys Corner Cecilton Md	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

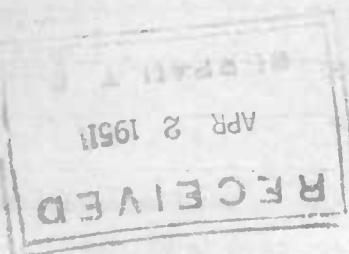
2411 N. Charles Street, Baltimore

02938

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH COUNTY Queen Anne's MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Queen Anne's		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Olivesville (in this place) to you			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville STREET ADDRESS Bracmonsville		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			(If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) OLIVER	(Middle) FREDERICK	(Last) JAMES	4. DATE OF DEATH	(Month) March 25 (Year) 1957
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH June 23-1900	9. AGE last birthday 50 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worker			10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Bracmonsville Md No	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank James			14. MOTHER'S MAIDEN NAME Anne James		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 27-12-4324	17. INFORMANT AND ADDRESS Theodore James Centreville Md	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>Immediate cause (a) Paroxysmal Hypertension</p> <p>444X Antecedent cause(s) (b) Hypertension</p> <p>Diseases or conditions, if any, giving rise to the above cause (c) stating the underlying cause last 83d</p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/10/1951 to 3/25/1957, that I last saw the deceased alive on 3/27/1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above.					
SIGNATURE W. Armstrong M.D.		(Degree or title) ADDRESS Bracmonsville Md		DATE SIGNED 3/27/1951	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF March 28-51		NAME OF CEMETERY OR CREMATORIUM Bracmonsville	
DATE REC'D BY LOCAL REG. 3-27-1951		REGISTRAR'S SIGNATURE G. Lee Armstrong		LOCATION (City, town, or county) (State) Centreville Md	
24. FUNERAL DIRECTOR				ADDRESS	
				970679	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02939

## CERTIFICATE OF DEATH

Reg. Dist. No....

213

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)	(First) <i>Lillian Anne's</i>	(Middle) <i>Watson</i>	(Last) <i>Jones</i>
4. SEX	5. COLOR OF RACE	6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	7. DATE OF BIRTH
Female	Col.	Married	Oct 26-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	9. AGE last birthday If under 1 year Months Days Hours 58 yrs.
Oysters	Oysters	Virginia	5 3 3
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?	
<i>Julian Watson</i>	<i>Susan Richardson</i>	U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	
	222-05-1740	<i>George H. Jones</i>	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
4201 Immediate cause	(a) <i>coronary occlusion</i>	March 29, 1951	
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <i>Arteriosclerosis, angina pectoris several</i>		
	(c) <i>Hyperkinetic cardio-vascular disease years</i>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY White at m.	INJURY OCCURRED Not White Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>March 24, 1951</i> , to <i>March 24, 1951</i> , that I last saw the deceased alive on <i>March 24, 1951</i> , and that death occurred at <i>11 P.</i> m., from the causes and on the date stated above.			
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
Funeral	April 2, 1951	Mt. Zion Baptist Church, Painter, Md.	
DATE REC'D BY LOCAL REG.	REG. NO.	24. FUNERAL DIRECTOR ADDRESS	DATE REC'D BY LOCAL REG.
3/21/51	A. H. Nease	John W. Williams Estate	3/21/51
		E. Elizabeth Hopton	690126

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02940

## CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Green Anne Maryland		Maryland COUNTY 2 G. 60	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Steverville		LENGTH OF STAY (in this place) 84+	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Steverville STREET ADDRESS Thompson Creek	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) OF DEATH	
SALLIE Female		March 26 1951	
(First) White		(Middle) WARNER	
(Last) JONES		5. DATE OF BIRTH	
Feb. 17-1867		6. AGE last birthday 84 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10b. KIND OF BUSINESS OR INDUSTRY		8. BIRTHPLACE (State or foreign country) Barbadoes	
13. FATHER'S NAME Edward Warner		9. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME Dorothy Luana		10. INFORMANT AND ADDRESS Mrs. Corinne Carlson, Steverville, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			
16. SOCIAL SECURITY NO. Zone			
17. INFORMANT AND ADDRESS			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) acute uremia			
Antecedent cause(s) (b) chronic pyelitis + nephritis (nephro- Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Sclerosis) several years			
(c) Arteriosclerosis severity			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral regurgitation 10 years 20 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 19, 1950, to March 26, 1951, that I last saw the deceased alive on March 26, 1951, and that death occurred at ADDRESS DATE SIGNED Signature (Degree or title) ADDRESS DATE SIGNED Theodor Sattelmair M.D. Steverville March 27, 1951.			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
March 29		NAME OF CEMETERY OR CREMATORIAL Steverville	
DATE REC'D BY LOCAL REG.		LOCATION (City, town, or county) Steverville (State) Md	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
March 29		24. FUNERAL DIRECTOR Elizabeth Foster	
ADDRESS		Bartow Bros.	
ADDRESS		Chestertown, Md.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition  
of 21 shown on:

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

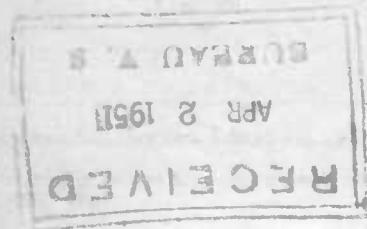
02941

FHM NO. G 152 APR 9 1951

## CERTIFICATE OF DEATH

Reg. Dist. No. 2521

1. PLACE OF DEATH CITY OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Kings Centreville		LENGTH OF STAY (in this place) 2 weeks	
3. NAME OF DECEASED (Type or Print)		(First) WILBERT	(Middle) (Last) KING
4. SEX Male	5. COLOR OR RACE Caucasian	6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	7. DATE OF BIRTH March 25-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian		10b. KIND OF BUSINESS OR INDUSTRY Farm Hand	9. AGE last birthday 67 yrs.
13. FATHER'S NAME Wilbert Wilmer		11. BIRTHPLACE (State or foreign country) Washington D.C. Md	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	14. MOTHER'S MAIDEN NAME Nancy King
17. INFORMANT AND ADDRESS Henrietta Haeli Centreville Md			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
900.0 Immediate cause (a) Convulsions - of Cerebral origin			
186a Antecedent cause(s) (b) from Fracture of skull from Fall			
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE accident		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE) 2a
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? fell all way down cellar steps striking
22. I hereby certify that I attended the deceased from <u>Feb 16</u> , 1951, to <u>Mar 25 1951</u> , that I last saw the deceased <u>his head (4/9/51)</u> alive on <u>Mar 24 1951</u> , and that death occurred at <u>12:30 P</u> m., from the causes and on the date stated above.			
SIGNATURE V. Harry Fisher M.D.		ADDRESS Centreville Md	DATE SIGNED 3/27/51
23. BURIAL, CREMATION REMOVAL (Specify) Funeral	DATE THEREOF March 27-51	NAME OF CEMETERY OR CREMATORIUM Chesterfield	LOCATION (City, town, or county) (State) Centreville Maryland
DATE REC'D BY LOCAL REG. 3-27-1951	REGISTRAR'S SIGNATURE Glen Armstrong	24. FUNERAL DIRECTOR Benton Bass Centreville Maryland	ADDRESS 820105



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02942

## CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH COUNTY Queen Anne's		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Chester, Rural		LENGTH OF STAY (in this place) 21 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Horner Andrew	(Middle)	Lee (Last)	4. DATE OF DEATH	(Month) March (Day) 20. (Year) 1951.
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months Days Hours Mins.
male	col.		Febr. 27, 1957.	27	21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chester Md.	
13. FATHER'S NAME Horner Andrew Lee		14. MOTHER'S MAIDEN NAME Olivia Madeline Smith		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

Immediate cause

(a) Congenital debility since  
30

Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(b) due to chronic alcoholism of mother birth  
congenital lees?

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	INJURY OCCURRED While at m.	HOW DID INJURY OCCUR? Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from Febr. 27, 1951, to March 20, 1951, that I last saw the deceased  
alive on March 19, 1951; and that death occurred at 7 A. m., from the causes and on the date stated above.  
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THENCEOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)
Funeral	March 21/95	Union m. c.	Chester Md.
DATE REC'D BY LOCAL REG.	REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Mar. 21/95	REG.	Elizabeth H. Miller	Stevensville, Md.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02943

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY <u>Queen Anne</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u>		COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS	
TOWN <u>Millington</u>				TOWN <u>Stevensville</u>		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED (Type or Print)	(First) <u>ANNIE</u>	(Middle) <u>L.</u>	(Last) <u>LEGG</u>	4. DATE OF DEATH	(Month) <u>March</u>	(Day) <u>15</u>	(Year) <u>1951</u>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours
<u>Female</u>	<u>White</u>	<u>Aug. 13, 1871</u>	<u>77</u>	yr.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
<u>Housewife</u>				<u>Md.</u>			
13. FATHER'S NAME <u>Thomas E. Jackson</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Woodward</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT AND ADDRESS <u>Mrs. Alda Robbins, Millington, Md</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause <u>443X</u>		(a) <u>Hypertensive Heart Disease</u>					
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>93d</u>		(b) <u>Arteriosclerosis</u>					
		(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intestinal Obstruction</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)	
				<u>INJURY</u>		<u>(COUNTY)</u>	
						<u>(STATE)</u>	
TIME (Month) <u>3/7/51</u>		(Day) <u>19</u>		(Hour) <u>11:15</u>		HOW DID INJURY OCCUR? <u>While at Work</u>	
OF INJURY		m.		Not While At work			
22. I hereby certify that I attended the deceased from <u>3/7/51</u> to <u>3/15/51</u> , 19....., that I last saw the deceased alive on <u>3/14/51</u> , 19....., and that death occurred at <u>11:15</u> A.m., from the causes and on the date stated above.							
SIGNATURE <u>J. H. Hamilton</u>		(Degree or title) <u>M.D.</u>		ADDRESS <u>Millington, Md.</u>		DATE SIGNED <u>3/16/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>March 17, 1951</u>		NAME OF CEMETERY OR CREMATORIAL <u>Stevensville</u>		LOCATION (City, town, or county) <u>Stevensville</u>	
DATE REC'D BY LOCAL REG. <u>3-16-51</u>		REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u>		24. FUNERAL DIRECTOR <u>Edward Fellows</u>		ADDRESS <u>Millington, Md.</u>	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED STATE		
Queen Anne MARYLAND			Maryland COUNTY		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Sudlersville			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sudlersville		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		
None			None		
3. NAME OF DECEASED (Type or Print)		(First) Janie	(Middle)	(Last) Mc Ginnis	4. DATE OF DEATH
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH	(Month) 3
F.		White		7/1/1867	(Day) 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday	(Year) 51b
Housewife		None		83 yrs.	If under 1 year Months Days Hours Min.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
John L. Foulkner			Mary Thompson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS	
(If yes, give war or dates of service)		None		Robert Mc Ginnis Sudlersville, Md	

## 18. MEDICAL CERTIFICATION

INTERVAL BETWEEN  
ONSET AND DEATH

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241x Immediate cause (a) Bronchial Pneumonia107 Antecedent cause(s)  
Diseases or conditions, if any, (b) giving rise to the above cause  
stating the underlying cause last(c) ExposureBronchial AsthmaPneumonia

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE)

SUICIDE w OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?

OF INJURY w m.While at Work  Not While Work  At work 

How did injury occur?

22. I hereby certify that I attended the deceased from July 15, 1951, to July 27, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION  
REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

Burial

3/30/1951

Basic

Near Sudlersville, Md.

24. FUNERAL DIRECTOR ADDRESS

DATE REC'D BY LOCAL REG. 3/29/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Edgar L. Lane R. B. Rawlings & Sons Greensboro, Md.

RECEIVED BY TELETYPE STATION ORIGINATOR  
TELETYPE STATION 1200

RECEIVED

APR 24 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

02944

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

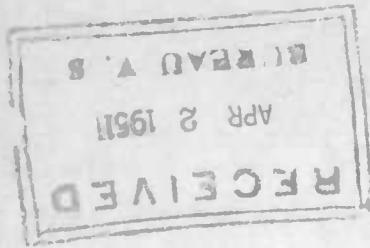
Reg. Dist. No. 232

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Queen Anne</i>		MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		(First) <b>ROLAND</b>	(Middle) <b>WHALEN</b>
4. DATE OF DEATH		(Month) <b>MAR</b>	(Day) <b>25</b>
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
7. MARRIED		8. DATE OF BIRTH	9. AGE last birthday
9. AGE last birthday		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
10. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <b>Kachetia</b>			
Antecedent cause(s) <b>Hectostatic</b>			
Diseases or conditions, if any, giving rise to the above cause			
stating the underlying cause last			
51.6			
Carcinoma of the bones and liver 1 year			
Carcinoma of the prostate gland 18 mos			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF INJURY	
(Specify)		(CITY OR TOWN)	
(CITY OR TOWN)		(COUNTY)	
(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	
19. 22. I hereby certify that I attended the deceased from <i>Mar 25</i> , 19 <i>43</i> , to <i>Mar 25</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>Mar 25</i> , 19 <i>57</i> , and that death occurred at <i>11:10</i> p.m., from the causes and on the date stated above.			
SIGNATURE <i>Doris Ledore</i>		(Degree or title) <i>M.D.</i>	
ADDRESS		DATE SIGNED <i>Mar 25, 1957</i>	
23. BURIAL, CREMATION REMOVAL		DATE THEREOF	
(Specify)		NAME OF CEMETERY OR CREMATORIAL	
DATE REC'D BY LOCAL REG. <i>3-27-1957</i>		LOCATION (City, town, or county) <i>Hillboro, Ind</i>	
24. FUNERAL DIRECTOR			
REG. <i>3-27-1957</i>		ADDRESS <i>Virgil Moore's Son, Denton, Ind</i>	

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN PRESERVED FOR BINDING

VGC A 15



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

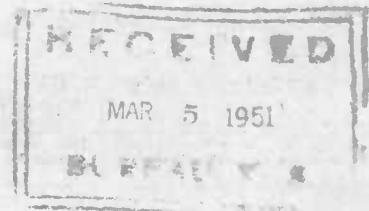
02945

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE	
<i>Queen Anne</i>		MARYLAND <i>Md.</i> <i>Queen Anne</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)	
<i>Centreville</i>		<i>all my life</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		3. USUAL RESIDENCE (HOME) OF DECEASED. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
		STREET ADDRESS	
4. NAME OF DECEASED (Type or Print)		5. DATE OF DEATH	
(First) <i>FANNIE</i>		(Middle) <i>ELIZABETH</i>	
(Last) <i>SCHELHOUSE</i>		6. COLOR OR RACE <i>white</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Nov 15-1860</i>	
9. AGE last birthday 90 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
11. BIRTHPLACE (State or foreign country) <i>Accomack, Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John Q. Meredith</i>		14. MOTHER'S MAIDEN NAME <i>Hester Ann Beale</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT AND ADDRESS <i>Mrs Nettie Neale, Centreville, Md</i>		18. MEDICAL CERTIFICATION	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause <i>Mitral Regurgitation</i>  Antecedent cause(s) <i>(a)</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>(b)</i>  <i>410x</i> <i>92.5</i>  <i>(c)</i>		INTERVAL BETWEEN ONSET AND DEATH	
20. AUTOPSY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		22. DATE OF OPERATION	
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		19b. MAJOR FINDINGS OF OPERATION	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> How did injury occur?	
23. BURIAL OR CREMATION REMOVAL (Specify) <i>Burial</i>		24. FUNERAL DIRECTOR REG. <i>3-3-1951</i>	
DATE THEREOF <i>March 31/51</i>		NAME OF CEMETERY OR CREMATORIUM <i>Bethel Cemetery</i>	
DATE REC'D BY LOCAL REG. <i>6601 Armstrong</i>		LOCATION (City, town, or county) <i>Centreville, Md</i>	
REG. <i>3-3-1951</i>		ADDRESS <i>Barton Bras</i>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

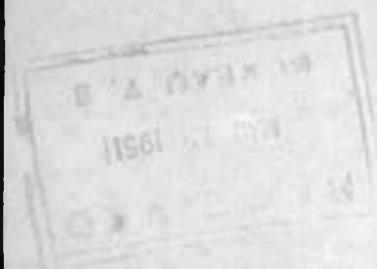
2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02946

Reg. Dist. No. 253

1. PLACE OF DEATH COUNTY <i>Queen Anne's</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>MARYLAND</i> COUNTY <i>QUEEN ANNES</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Chester</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>CHESTER</i>	
LENGTH OF STAY (in this place) <i>60 yrs.</i>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <i>EFFIE</i>	(Middle) <i>Virginia</i>	(Last) <i>Sullivan</i>
4. DATE OF DEATH	(Month) <i>MARCH</i>	(Day) <i>7</i>	(Year) <i>1951</i>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>MARRIED</i>	8. DATE OF BIRTH
<i>F</i>	<i>C</i>	<i>MAY 2, 1890</i>	9. AGE last birthday If under 1 year Months <i>60</i> yrs. Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>BALTIMORE, MARYLAND</i>
13. FATHER'S NAME <i>JOHN WHEELER</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT AND ADDRESS <i>THOMAS JONES, CHESTER, MD.</i>
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
443x Immediate cause (a) <i>CHRONIC Myocarditis</i>			
32 Antecedent cause(s) (b) <i>HYPERTENSION</i>			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>ABDOMINAL TUMOR</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
<i>NONE</i>			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF INJURY)	(CITY OR TOWN)
(Specify)		(CITY OR TOWN)	(COUNTY)
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>MAR. 6, 1951</i> , to <i>MAR. 7, 1951</i> , that I last saw the deceased alive on <i>MAR. 6, 1951</i> , and that death occurred at <i>5 A.m.</i> , from the causes and on the date stated above.			
SIGNATURE		(Degree or title) <i>John F. Gibson, M.D.</i> ADDRESS <i>Grasonville, Maryland</i> DATE SIGNED <i>March 7, 1951</i>	
23. BURIAL/CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
<i>March 7, 1951</i>		<i>Elizabeth Hopter</i>	<i>John J. Wilson</i>



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02947

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and OR give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED CITY (If outside corporate limits, write RURAL and give nearest town)		
County Queen Anne's MARYLAND TOWN Rural Queenstown 6 mos. 15 da			State Maryland COUNTY		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			TOWN rural, Queenstown STREET ADDRESS 28th Avenue, Queenstown		
3. NAME OF DECEASED (Type or Print)		(First) HARRIET	(Middle) MARY	(Last) THOMAS	4. DATE OF DEATH March 19 1951
5. SEX Female		6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH Sept 4-1950	9. AGE last birthday If under 1 year yrs. 6 months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) in Queenstown Maryland	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Samuel B Thomas		14. MOTHER'S MAIDEN NAME Linda Hammond		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT AND ADDRESS Mr. Samuel B Thomas Queenstown Md		18. MEDICAL CERTIFICATION	

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 5710

(a) Gastro-Enteritis

INTERVAL BETWEEN  
ONSET AND DEATH

1 week.

Antecedent cause(s) 119a

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(b)

stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
m.					

22. I hereby certify that I attended the deceased from March 12, 1951, to March 19, 1951, that I last saw the deceased

alive on March 15, 1951, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) Burial	DATE THEREOF March 20-51	NAME OF CEMETERY OR CREMATORIAL Chestertown	LOCATION (City, town, or county) Centreville Maryland
DATE REC'D BY LOCAL REG. Mar. 20 '51	REGISTRAR'S SIGNATURE Helen M. Aldridge	24. FUNERAL DIRECTOR Barton Bros Centreville Md.	ADDRESS



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02948

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH CITY TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED CITY TOWN	
County Queen Anne Ingleside		State Maryland County Queen Anne Ingleside	
3. NAME OF DECEASED (First) (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
John W.		Thompson 3 16 '51	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9/18/1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE last birthday 73 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME John Thompson		14. MOTHER'S MAIDEN NAME Susian Satterfield	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) No		16. SOCIAL SECURITY NO. 223-16-3311	
17. INFORMANT AND ADDRESS Edith Thompson Ingleside, Md.		18. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  260x Immediate cause (a) <u>Deabetic Gangrene of Left Foot &amp; Toe</u> 61 Antecedent cause(s) (b) <u>Diabetic Mellitus</u> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <u>Arterial Sclerosis</u> <u>Percyoma of Prostate Gland</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 260		19b. MAJOR FINDINGS OF OPERATION —	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE 74		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) OF INJURY 260	(Day) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	(CITY OR TOWN) ADDRESS
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 1, 1950, to July 16, 1951, that I last saw the deceased alive on July 16, 1951, and that death occurred at 4:35 P.M., from the causes and on the date stated above. SIGNATURE <u>Edgar L. Lane</u> ADDRESS <u>Fultonsville, Md.</u> DATE SIGNED <u>3/17/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 3/20/1951	NAME OF CEMETERY OR CREMATORIAL Busick
DATE REC'D BY LOCAL REG. 3/19/1951		REGISTRAR'S SIGNATURE Edgar L. Lane	LOCATION (City, town, or county) Near Barclay, Md.
24. FUNERAL DIRECTOR Raymond B. Rawlings		ADDRESS 100105	

